The MEDICAL MISSIONARY

The Holy Family under Whose patronage the first Hospital of the Society will be placed and Whose Name it will bear

JANUARY, 1928

Vol. I

No. 4

The Horoscope in Practical Medicine

By Dr. Caroline O'Connor

THE Indian people have a great belief in astrology. The horoscope not only predicts their destiny at birth and tells them whether they are born under a lucky or an unlucky star, but it must be consulted before any step in life is taken, such as, choice of a career, marriage, and also before consulting the doctor or having an operation in the hospital. If the day decided on by the doctor for an operation is declared lucky or auspicious by the astrologer, all goes well; but, if not, the relatives will not give their consent. A Hindu doctor could easily settle the matter by consulting a rival astrologer, but Christians must depend on their eloquence and determination to alter the course of the stars.

Many Indians believe that if a patient does not improve as rapidly as expected, it is because she was brought to the hospital on an unlucky day and that the best treatment is to remove her and bring her back on a very lucky one. Sundays, Tuesdays, Saturdays, and birthdays are unlucky.

They have the same theory about houses. I once visited a baby suffering from brocho-pneumonia, who was taken to five different houses in one week. The parents, who wanted a rapid cure, believed they could aid the doctor by continuing to change their lodgings in the hope that if they found an auspicious house the child would get suddenly well.

The one thing you may do in India without consulting your horoscope is to die, but even then your relatives will go to the astrologer to know your fate in the next world from the stars. Great is the medical profession in India! If you can not cure your patient, you can at least send him to a better world by seeing that he dies under auspicious circumstances.

The Indian theory of astrology is that there is a star for each day of the lunar month, and of these seven are unlucky and anything undertaken on these days will be attended with disaster. Of the planets, the Moon, Mercury, Jupiter, and Venus are favorable, but the Sun, Mars, and Saturn have a very malignant influence. Each of the twelve signs of the Zodiac prevails over daily occurrences during a fixed interval of time—from two to two and a half hours. It is fortunate that the time is limited, for occasionally all the unlucky signs reign together in the heavens. Woe to the ill-starred mortal whose horoscopic fate is then sealed.

To draw up a horoscope, the astrologer combines all these signs with certain mystic words, the time of the occurrence of the event and the hour at which he was consulted. He also carefully enquires into any happnings, and also objects seen by the client on his way, for these may have a great significance.

The Indian belief that their destiny is fixed by the stars that prevailed at the moment of birth is pathetic, but unalterable. When a baby is born the women at once ask the doctor to tell them the exact time. Sometimes when I told them the hour, for example, 2 a. m., they were very depressed and asked me if I was sure. It was easy to see that 2 a. m. of that morning was a very inauspicious hour to start life in. Far be it from me to destine any of those nice fat babies to a career of perpetual bad luck. Taking the hint, as my watch was not reliable at the best of times, I unblushingly decided to give them the benefit of the doubt and make it 2.30. The horoscope subsequently revealed that all would go well with the child.

It is well for the doctor on such occasions to be versed in the occult science of astrology. Physicians in India are acquainted with cases where the parents consider it useless to feed the baby because the astrologer predicted it would die within a week as all the augurs were unfavorable.

It takes more than expert knowledge of obstetrics to avert tragedy to the treasured new-born son and heir and place his baby feet on the road to health, wealth, and happiness.

EDITOR'S NOTE: Will India ever realize the truth of Shakespeare's words: "The fault, dear Brutus, lies not in the stars, but in ourselves."

The MEDICAL MISSIONARY

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EDITORIALS

MAY 1928 bring many blessings, spiritual and temporal, to all our Readers. This is our sincere and prayerful wish.

New Year's is inventory time. One looks backward and forward. Closing the chronicle of 1927, we thank God for His goodness for having provided not only the necessities but even more, for the carrying on of the Society. Many things are included in this. We have Mass every morning in our own chapel, thanks to the kindness of our neighbors, the Fathers of the Franciscan Monastery. The Holy Cross Fathers from the Foreign Mission Seminary continue to give us our spiritual and missionary training. We have many staunch friends, who help us to keep body and soul together, to train and send out our missionaries, and to carry on the work which we set out to do.

The New Year has an important event in store for us—the beginning of the work of our Society in the Mission field.

One wing of our first hospital is completed, and in all probability will have been blessed and opened by His Excellency Most Rev. Edw. Mooney, Apostolic Delegate to India, before this issue goes to press.

Our pioneers are ready for the task, but we must stand behind them with our prayers, our sacrifices of time, labor and money in order to provide the means to perform and to maintain the work. The success and development of our work in the mission field will depend to a certain extent on the active interest of our friends. In the New Year we hope to enter into closer partnership with our readers by putting before them our field and our opportunities.

The beginning of the year is the traditional time for making good resolutions. Why not make one to open a special Medical Mission account in the bankbook of Eternity, to foster the Medical Apostolate for the sake of the suffering and helpless in Mission countries? Do not forget that *full* interest is only paid when it is done for the pure love of God!

SPIRITUAL HELP

The Divinity Hall Mission Society of the Catholic University of America is contributing in a practical and definite way to the various Foreign Mission orders and societies by making each in turn the object of special prayers. Recently our Society was the chosen one. It was encouraging to read the following notice:

"The success of the conversion of the pagans to the Faith of Christ is, in a very large measure, due to the close contact which the missionary can make with the confidence of the natives in the sincerity of his spiritual ministrations. One of the most efficient methods, perhaps, whereby this confidence and trust may be gained, is the unselfish alleviation of their bodily ills and sufferings.

"All the members of the Divinity Hall Mission Society are requested to make the growth, expansion, and increased activity of the Society of Catholic Medical Missionaries the intention of their mission prayers during the week of November 27-December 3. The weekly mission Mass will be offered for this intention on November 30, Feast of Saint Andrew, the Apostle."

We say THANK YOU and PLEASE DO IT AGAIN in the same breath.

THE FUTURE CATHOLIC UNIVERSITY OF WESTERN BELGIAN CONGO

A Catholic University of the Western Congo is not a mere plan in the air. Courses in sacred sciences are already given. Medicine, which is much needed in the Congo, has also made a beginning. *The Fomulac Foundation Médicale de l'Université de Louvain au Congo* is building at Kisantu a magnificent hospital, which, manned by Louvain, will not only take care of the sick but as soon as possible will inaugurate courses of elementary training for native medical assistants, nurses and midwives, whereas another Catholic Association, the A. M. M. (*Aide Médical Aux Missions*), founded to send out doctors and medical assistants to Catholic Missions, has already been established in the Congo and has the same primary medical teaching on its program.

IN QUEST OF THE INDISPENSABLE

By Dr. Anna Dengel

IN THE spring of 1924, Rt. Rev. Msgr. R. Winkley, Prefect Apostolic of Kashmir and Kafristan, decided to start a Mission in the native city of Rawalpindi, Punjab, India. A hospital for women and children was to be the beginning. The site was chosen and negotiations for its purchase by the Prefecture were begun. What next?

For the building of the hospital money was needed; getting it locally was out of the question. The writer, armed with a letter of authorization from Rt. Rev. Msgr. R. Winkley to the Hierarchy, Clergy and Laity of America, came to the United States. Being totally inexperienced in such a quest and a stranger, the writer was providentially aided by Miss Pauline Willis, a zealous veteran in charity work, who volunteered to accompany her for a few weeks and to bear the expenses of the trip.

Besides many other charitable activities, Miss Willis for many years has given much time and thought to Medical Missions, as the Honorary Secretary of the Auxiliary Committee of St. Catherine's Hospital, founded by Dr. Agnes McLaren in the Punjab. Being a Bostonian and an alumna of the Sacred Heart Convent at Elmhurst, Providence, R. I., she was able to establish contacts which proved very valuable. A great share of the results of the trip is to be credited to Miss Willis, who left her home in Kensington, London, for the sake of helping and encouraging the writer in an undertaking which was bound to have its "ups and downs."

The "downs" are best passed over in silence according to the old maxim, "Weep, and you weep alone."

The "ups," however, are the things that count; they were numerous and varied. If space would allow, they would make an interesting story of generosity, sacrifice and thoughtfulness, including many touching incidents. Every opportunity accorded to plead the cause of the women of India, every occasion on which hospitality was offered, every kindness shown, and every dollar given were gratefully appreciated as "ups" and are incorporated in some form or another in the new hospital.

The generous and sympathetic assistance afforded by two Princes of the Church in America was a source of the greatest joy and encouragement. In December, 1924, His Eminence, Patrick Cardinal Hayes of New York, gave $1,000 toward the new hospital for women and children in far away India. In March, 1925, His Eminence, Dennis Cardinal Dougherty, having convinced himself of the need of medical aid for the women of India, gave $5,000 and allowed church collections in the Archdiocese of Philadelphia.

Aided especially by the personal efforts of Rt. Rev. Msgr. Francis X. Wastl, the co-operation of Rev. Thomas McKay, D. D., Director of the Propagation of the Faith, the help of the pastors and the generosity of the people of Philadelphia, the proposed hospital became a possibility. A small beginning could now be made. The money and the plans were sent as soon as possible.

In the following article, Dr. Joanna Lyons, who has now spent more than a year in India, will describe the actual erection of our hospital as witnessed by herself.

BUILDING THE HOSPITAL

By Joanna Lyons, M. D.

Rawalpindi, August 31, 1927.

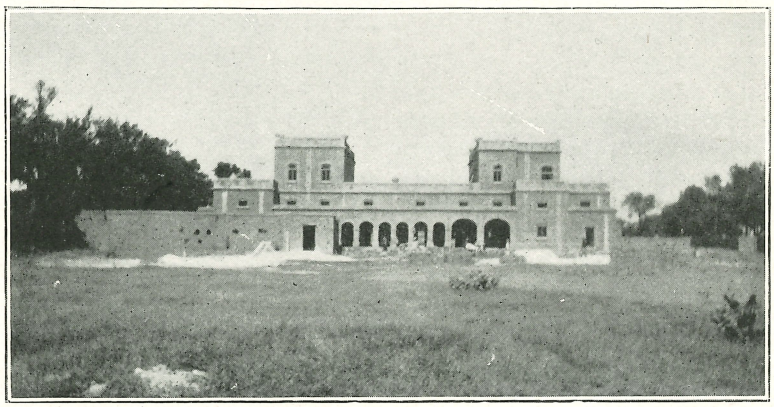
THE Punjab is getting its second Catholic hospital built at the present time. And how big is the Punjab? In 1921 it had a population of more than twenty millions.

Hardly anything happens quickly in India. The piece of land for the new Mission had been bought about three years before the work on the hospital began, so one would expect that all the legal formalities had been settled. Not so. There was some sort of final, ultimate and irrevocable surrender of ownership that had to be settled, and when the Prefect Apostolic came to get this done it appeared that the former owner was down south and could not be reached for a long while. There was nothing to do but sit back and wait, regardless of the slipping away of the precious weeks which are most favorable for building operations.

This matter was adjusted at last, and then the proper officials were approached to give survey of the land. When this was obtained, the next thing in order was to build a fairly high brick wall all round the piece of ground—no fenceless yards in India. White lines of lime outlined the course of the wall. Soon the neighbors on either side protested that we were going into their territory with our wall. The Prefect pointed out that he was but following the survey furnished him, and set coolies to digging the foundations of the wall. What was dug in the day was filled in at night by unseen laborers,

but the coolies cleared the space again and went on. Another time a man came in the daytime and ordered them to stop work, which they did—it is easy to stop a coolie from working! Anyway, a foundation and two or three feet of wall for a distance of about twenty feet had been constructed, when along came the official who had furnished the survey and said that it was wrong, and we were really encroaching on the other man's property. What particular game he was up to in the transaction there is no telling, but business goes on by dark and devious paths in the East. At all events, there was nothing to do but uproot the wall and put it down as he said. This concerned only one side—I think the other neighbor is still faintly protesting that we are on *his* ground.

So the wall was being built, and the two lateral neighbors were quieted down, when there arose a wail from the rear that our wall would close in the gate to the Protestant cemetery situated there, and would we not give a right of way through our place to the road? This was asking a good deal. By way of a compromise, a right of way was given from their gate to the side of our piece of land, and everybody was satisfied.



HOLY FAMILY HOSPITAL, RAWALPINDI, PUNJAB, INDIA
(ONE WING)

Some months later something else happened in connection with this unfortunate back wall. About two-thirds of it border on an open place with no fences or buildings. In our wall, as is usual here, a few openings were made to let the surface water run off in the rainy season and also a small doorway was put in. One morning we found these openings and the little door closed in from the outside by masonry. Welcome, stranger!

The building was begun on March 5th of this year. This means that a great part of it was carried on during the hot season. This place is not as hot as other parts of India, but it does get hot and there is a peculiar glare and brightness in the sunshine which we do not see at home and is trying to white people. In spite of this, Rt. Rev. Msgr. Winkley personally supervised the building work. This means that he went twice a day to the place where the building was going on and stayed there for hours, seeing that the workmen did their job properly, that the bricks were soaked, the walls wetted, the materials good, and that mortar went where mortar should go, and not mud. Early in July he became seriously ill and had to go to the nearest hill station, but by this time the masonry work was well advanced. Since then the Indian contractor has been carrying on, with the parish priest, Father James Clarke, looking in upon him frequently to see that things are as they should be.

Of course, we want the hospital as sanitary, efficient and up to date as possible. Electric light we have in Rawalpindi, and it is not especially expensive. The city has an excellent and safe water supply, although private homes here do not generally have water pipes laid down, but depend upon the water-carrier, who conveys the fluid in a goatskin bag from public street taps. In former days only public or semi-public buildings could hope for a tap, but lately the supply has been much increased. Waste is disposed of partly by open drains and partly by the class of persons known as sweepers, who form a bucket brigade for conveying it to the incinerators. Against this latter system one rebels on sight, but the question is, how to rebel effectively?

Upon inquiry, it appeared that in this city of more than one hundred thousand people—and some of them are very rich people—the only places where modern plumbing is in use are the buildings inhabited by the American Presbyterian missionaries. So we went calling and found them very kind and helpful, showing and explaining things and lending a book about the matter. The arrangement which makes a modern system possible is the septic tank, such as is used in country homes in the U. S. A. It is said to be very satisfactory, and we hope to install a system.

Central heating is almost unknown here, because, although it becomes really cold in the winter nights—I saw water frozen indoors since I have been here—it becomes fairly warm always at midday, and besides the cold season lasts only three or four months. So we are to have stoves and fireplaces in the hospital.

For cooking there will be coal stoves. For the sterilizer, spirit lamps and coal-oil lamps. We will not have an X-ray until some one gives us one. The floors are of cement, with the ex-

(*Continued on page* 6)

THE SOCIETY AT HOME

SISTER M. ANTHONY GODIN, R. N., OUR CANADIAN REPRESENTATIVE

On the feast of the Immaculate Conception, a fifth member was added to our Society. Sister Mary Anthony Godin, R. N., is our Canadian representative. She graduated from Providence Hospital, Moose Jaw, Saskatchewan, in 1919, and joined our Society a year ago.

Having completed the prescribed year of spiritual and missionary training, she made her solemn promise to keep our constitutions and took the Mission oath by which she pledged herself to remain in the Society for three years, to go without delay into any Mission field sent, and to do the work assigned to her.

The ceremony was simple but impressive. Very Rev. Father Mathis, C. S. C., celebrated High Mass; the Seminarians from the Holy Cross Foreign Mission Seminary provided the choir. In the sermon, Very Rev. Father Mathis dwelt mainly on the Evangelical Counsels, in the spirit of which the members of the Society choose to live and work. The ceremony ended with Benediction of the Most Blessed Sacrament.

BUILDING THE HOSPITAL

(*Continued from page* 5)

ception of the operating room, and the sanctuary of the chapel will have tiles. The hospital chapel will be the parish church for the present.

November 8, 1927.

The Apostolic Delegate, His Excellency, Most Rev. Edw. Mooney, has sent word that he will be in Rawalpindi about December 10th. Msgr. Winkley plans to ask His Excellency to bless and open the chapel and hospital. I hope that Sister Agnes Marie and Sister Mary Laelitia will have arrived for the event.

MEDICAL MISSION NOTES

In the summer of 1926 the medical faculty of the Catholic University of Lille founded a new school to give a practical elementary course of medicine and hygiene to clerics preparing for a life work in the foreign missions. The Dean of the Faculty directs it, and amongst its teachers is Professor Loiselet, who has had many years of experience of medical and sanitary work in tropical countries.

The course includes not only lectures but also practical work in the laboratories and hospitals of Lille. Professor Loiselet is editing the Bulletin of the school, which will be supplied to missionaries in various parts of the world, and next year he hopes to complete and publish a handbook of elementary medicine, first aid, hygiene and sanitation for use in the missions.

In the academic year 1926-27, thirty-six missionaries, belonging to twelve orders and congregations, followed the course. There is no idea of qualifying the missionaries to take the place of the fully-trained doctors and surgeons, of whom it is hoped that more and more men and women will in coming years devote themselves to mission work.

But it is certain that in the past many valuable lives have been lost in the mission field through lack of training in the care of health, and the precautions to be taken in tropical countries. Besides this, the missionary often finds himself isolated from any professional assistance in case of sickness or accident, and with proper training he can be helpful to his people in the same emergencies.

It has been said that "a little knowledge is a dangerous thing." This is true if one does not know the limits of one's knowledge. With proper training a little knowledge may often mean all the difference between life and death.

—*Catholic Times,* London.

INDIA WANTS MORE DENTISTS

A reminder that there are only 5,000 dentists (95 percent of whom are unqualified men) to supply the dental wants of 320 millions of India's population is given in a leading article in the *Indian Dental Journal.* It is further stated that there is not one single dental hospital in the whole of India to give free dental relief to India's poor; and that there is not one single full-fledged Government Dental School in the whole of India to give dental education to India's sons.

This journal goes on to say that it is now two years since Dr. J. J. Modi drew public attention to the above facts, also that 35 to 75 percent of our school children and a bigger percentage of India's manhood are suffering from dental troubles.

—*The Statesman,* India.

SOCIAL BACKGROUND OF OUR WORK

Following are extracts from an address on the "Causation of the high mortality among mothers and children in India," delivered by Mr. S. N. Mallik at the International Public Health Congress at Ghent, Belgium:

In India over 300 out of a thousand children born in the rural areas die before they are one year old, while in the town areas their number rises most unfortunately even to 600 or more per 1,000, whereas in the British Isles the rate of such mortality is only about 80 per 1,000. Owing to imperfect methods of keeping statistics in India and the difficulties of getting correct information in this regard, it is difficult to state at all correctly the percentage of deaths amongst the mothers, but this much may be said without much fear of contradiction, that the number of young women between the ages of 15 to 25, mostly mothers who die at that age, is, roughly speaking, five times the number of young men who die at that age, and, therefore, it can be pretty safely calculated to be about 80 to 100 per 1,000, particularly in the town areas. In this connection it may be interesting to state that the total population of India as a whole is about 320 millions, and the proportion between males and females is about 107 to 100. It has been said, and that with considerable reason, that the average life of an Indian is on the whole nothing above 24 or 25 years only, while in the British Isles it is certainly above 50 years and is now approaching 55.

Heavy Death Rate

With children dying between 300 and over 600 per 1,000 before they are one year old, and mothers dying to the extent of 80 out of 1,000 between the ages of 15 and 25, there is no doubt that the rate of mortality is more than deplorably high.

The condition of cattle in India as a whole has greatly deteriorated. As things have come to pass, a child in India can not on an average get more than one-thirtieth of a pound of milk per day. With that quantity of milk and an income of about 5 cents a day on the average, the cause of the high mortality amongst children and mothers is not far to seek.

As for the industrial towns in India, of which there are not many, the rates of such mortality in them are more than 50 percent higher than what they are in the rural areas. Similar is also the case with regard to the very old residential towns, of which there are many. The highly cramped and cribbed life of women and children in such towns, and the general insanitary and undesirable conditions including adulterated food supply and pitiful overcrowding that prevail therein, are largely responsible for the extra toll. True it is that in the modern industrial towns, built with more or less adequate safeguards against congestion and other insanitary conditions, the state of things has somewhat been improved; but such towns are few and far between.

The compulsory neglect of children which these poor mothers are obliged to perpetrate during their long working hours is also largely responsible for the high mortality amongst children in the industrial towns. There also the supply of milk being extremely inadequate and bad and the prices being very high, these children can get very little of it; over and above this I am extremely sorry to say that the not very infrequent habit of drugging these little children with opium to keep them quiet in their homes during the working hours of the mothers in the mills is too horrible in its consequences and need not be dilated upon. In the Bombay Labor Office report we find that over 90 percent of the children in that area are being regularly drugged with opium and so it is no wonder that infant mortality there rises above 600 per thousand and in 1921 it went up actually to 828.

Bad Housing

Owing to long established customs resulting from economical as well as physical causes, the houses in which the agricultural people live are ordinarily constructed with mud or mat walls thatched with straw or reeds and also sometimes with thin earthen tiles. Very little care is taken and very few can afford to make the floors damp proof or the rooms well ventilated or to build the houses on sites comparatively free from damp. No attempt at guiding or controlling the building of houses or the selection of sites even in the important villages through legislative action, has yet been started. The value of the inculcation of practical ideas on those lines through primary education of the future householders of the village has not yet been appreciated.

Ignorance of the modern laws of health or of the directions given even in the ancient books on domestic health is largely responsible for this undesirable state of things.

A lamentable social custom of providing the prospective mother with the worst room in the house for the mother and the child to live in for about a month after its birth, usually on a mat on the damp floor, is a potent factor in raising the percentage of mortality higher both amongst the children and the mothers. Owing to economical reasons again, as well as from a fear of ceremonial pollution, the bed and clothing for the mother, not to speak of the child, is of a highly insufficient nature in spite of the fact that much is not required in most parts of India owing to climatic conditions.

Coming now to the social conditions, I am sorry to observe that much stronger factors than are ordinarily appreciated are to be found contributing to this high rate of mortality. The most important of these conditions are: (1) Child and early marriages. (2) The system of *purdah* or

the custom of seclusion of women within doors. (3) Ignorance or disregard of the rules of health, particularly amongst the agricultural classes, where almost wholesale illiteracy is the rule. (4) Various undesirable customs and prejudices. (5) Absence of organized efforts at amelioration of the existing conditions. (6) The fatalistic background of the popular mind which tends to minimize efforts.

Child Marriages

With regard to child and early marriages, it may perhaps be said that the unfortunate custom is of later growth in India. In ancient India women used to be educated and married at a comparatively advanced age and they were even given the freedom of choosing their husbands.

The later custom of compulsory marriage of girls brought in its train the incidence of very early marriage amongst the Hindus, and in this particular matter the Moslem portion of India has also accepted the deplorable custom with a certain amount of lamentable avidity. Amongst the Hindus as a whole, child marriage is still prevalent, though through the influence of western education and ideas, as also for economic reasons, the marriageable age of girls is just going up a little. But it is deeply to be regretted that even amongst some of those Indians who have received their education in Europe and who now hold high positions in their country, the custom is often by force of habit and tradition very largely tolerated.

Amongst the agricultural classes girls are married while they are only about 8 years old or even less, while in the higher castes in the rural areas the age for marriage of girls is slightly higher. In the town areas the age has gone up a little higher, and 12 may be taken as the general age. It is usual for these girls to be married to husbands who are mostly yet within their "teens," and as a general rule they become mothers ordinarily at between 13 to 15 years of age. Children born of such extremely immature parents are bound to die in large numbers, and the economical causes stated above contribute their potent share in enhancing the death rate.

"No Youth"

Then, again, owing to marriage being compulsory according to the Hindu religion and that within a certain age, girls of all conditions of health, even the epileptics and the consumptives, have to be married at the aforesaid age without discrimination, and on the other side, boys and young men of positively bad health, feeble mentality and even thoroughly unsuited for life's battle are not considered ineligible for marriage.

One of the serious effects of this system of early marriages is that boys and girls have practically no youth to enjoy in their lives, or to attain that growth, health and development before they are called upon to enter into matrimony and then to be parents at a quite immature age. The lives of such immature mothers and their children, frequently born in an undeveloped condition, are seriously jeopardized by this custom, which also largely prevails amongst the so-called educated and advanced classes.

Added to all this is the natural result of indiscreet marriages of youths long before they are in a position to maintain themselves, particularly amongst the higher classes, where the economic pressure is getting keener every day.

Coming now to the second factor, viz, the *purdah,* or the custom of the seclusion of women, the terrible effects that it has on the growing-up girls and young mothers and their children can be better imagined than described. The higher the class of society to which the girls and women belong, the greater is the grip of this custom upon them.

The "Purdah"

The result of this custom is that such girls and women can not get any outdoor life at all, and they and their children have to live within the four walls of their homes where light and air often find a difficult entrance. In the rural areas the women have a little more freedom owing to the fact of their having to perform their domestic duties under circumstances somewhat different from those that prevail in the town areas; but the desirability of having a real out-door life is not at all appreciated, and the very idea of healthy exercise for girls and women is repugnant to the Indian mind as a whole. As a result babies also do not get the advantage of fresh air or a little exercise in the open, and so they are made to live as best as they can under extremely depressing conditions.

The *purdah* system was introduced into India probably during Moslem rule, and it therefore took deep root in all those parts of India where Moslem suzerainty prevailed. Owing to this system, the life of the womanhood in India has become extremely cramped, cribbed and cabined, and the comparative rigidity of the system in any particular part or community has a direct and visible influence on the health of the mothers and children therein.—*Statesman,* August 21, 1927.

A Resolution!

To get at least one new subscriber for "The Medical Missionary" every month.

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